FT0/50/05 (06-01) Apprised for use brough 7/31/2001, CASE 0851-0322 of Tractions Office; U.S. DEPARTMENT OF COMMERCE Enformation orders it displays a valid OMB control number; U.S. Put T.E. D.T. Sur - Pate for Form PTO-676 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY (Cotumn .1) -(Cotumn 2) MUNICHETINA F1.10 561 MAPPER FREG  $v_{\rm rec} = 1$ EOR . TOTAL CLABAS (37 CFR LIGICE CK INDEPENDENT CLARAS Ċ. COLUMN DESTRUCTOR CLASS FRESERS (3) CFK 1.16(q) IATOT "If the difference in column 1 is less than zero, enter "O" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OTIER THAN OH. (Column 2) (Column 3) SMALL ENTITY (Column 1) SAIALL ENTITY HIGHEST. HUMBER PREVIOUSLY CLARG REMARKING PRESENT ADDI-TIONAL ADDI-TIONAL EXTRA **ENDMENT** AFTER AMENOMENT PAID FOR FEE FEE 20 ak (23 CE FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (PLOTE 1.16(4)) ... TOTAL TOTAL 2... ADD'L FEE/ OR : ADDL FEE -31-05 (Column 1) (Column 2) (Caturan 3) CLAIMS REMAINING HIGHEST RATE m NUMBER PREVIOUSLY PRESENT ADDI-TIONAL ADDI-TIONAL RATE EXTRA EN AFTER FFF OF CHILDRE X'S OR ESENTATION OF MALTPLE DEPENDENT CLAM (AT CFR 1.16(4)) OR TOTAL TOTAL ADD' FEE ADD'L FEE OR 06 (Column 1) (Column Z) (Column 3) HIGHEST NUMBER PREVIOUSLY CLAMS TIONAL . PRESENT EXTRA RATE ADOI-RATE REMANUNG AFTER **AMENDMENT** PADFOR FEE FEE KENDKENT COM LIKE -2-ÖR FRIST PRESENTATION OF MATIPLE DEPONDENT CLAMA (D) OFR 1.46(4) OR ADD'L FEE ADOL FEE "If the entry in ordams 1 is less than the entry in ordams 2, wife "I' in ordams 3.

If the "lighest Humber Previously Paid for" IN THIS SPACE is less than 20, order "27.

If the "lighest Humber Previously Paid for" IN THIS SPACE, is less than 3, order "27.

The "lighest Humber Previously Paid for" (Total or independent) is the highest combor adeal) is the highest number found in the appropriate box in column 1:7 " This collection of transmission to the supplication on the amount of time you may and Academant Office, U.S. Draw The Town ation is required by 37 CFR 1.16. The left reation is required to obtain or retain a b actions for reducing this borden, should be sent to the Chief Information Differs, U.S. Patient 30, Alapsehts, VA 22113-4450. DO NOT SEND FEES OR COMPLETED FORMS 30, THIS 1, Alapsehts, VA 22113-4450. ts, P.D. Der VCS, Harmodia, VA 221C3-VCSL

10/28/04